

AFFIDAVIT

By Applicant for

MANUFACTURER CIGARETTE AND/OR TOBACCO, VAPOR AND ALTERNATIVE NICOTINE PRODUCTS PERMIT

State of _____)
)ss
County of _____)

Before me _____, a _____
Name Title

for the county and state aforesaid, this day personally appeared _____,
Full Name

who, being duly sworn, upon oath states:

(A). That in my capacity as _____ I am authorized to make attestations for the Applicant.
Title / Position in Business

(B). That _____ is the full name of the Applicant.
Name of Business

(C). That Applicant is organized and doing business as:

☐ Sole Proprietorship ☐ Partnership ☐ LLC Corporation: C Corp ☐ S Corp ☐ publically traded? Y ☐ N ☐

☐ Other (*specify*) _____

(D). That the owner(s) of the Applicant business (is)(are):

1. _____, _____, _____
Full Name (no abbreviations) Age Office Address

_____, _____
Residence Address Length of Residence

_____, _____
Length of Residence in Country (*if currently or previously not U.S. Citizen*) Date of Birth

_____, _____/
Social Security No. Percentage of Ownership or Shares Held of Total Shares Issued

2. _____, _____, _____
Full Name (no abbreviations) Age Office Address

_____, _____
Residence Address Length of Residence

_____, _____
Length of Residence in Country (*if currently or previously not U.S. Citizen*) Date of Birth

_____, _____/
Social Security No. Percentage of Ownership or Shares Held of Total Shares Issued

3. _____, _____, _____
 Full Name (no abbreviations) Age Office Address
 _____, _____
 Residence Address Length of Residence

 Length of Residence in Country (*if currently or previously not U.S. Citizen*) Date of Birth
 _____ / _____
 Social Security No. Percentage of Ownership or Shares Held of Total Shares Issued

4. _____, _____, _____
 Full Name (no abbreviations) Age Office Address
 _____, _____
 Residence Address Length of Residence

 Length of Residence in Country (*if currently or previously not U.S. Citizen*) Date of Birth
 _____ / _____
 Social Security No. Percentage of Ownership or Shares Held of Total Shares Issued

(E). That the Federal Identification Number of the Applicant is _____.

(F). That the Applicant is a Manufacturer in fact that is operating or conducting business at:

 Office Location
 which property is owned [] or leased [] _____ / _____
 If leased, state exact period and expiration date
 _____ / _____
 Lessor's name / home address Warehouse location (*street*)

 (*city, state*)

Applicant must provide a copy of the Lease Agreement covering all buildings to be used for storage of inventory or files.

The undersigned Applicant hereby declares and signs under penalty of law that the information provided on this application is true and correct to the best of his knowledge and belief, and that he will faithfully comply with all tobacco and vapor laws in the State of Arkansas including, but not limited to, the "Unfair Cigarette Sales Act," A.C.A. §4-75-701 et seq., the "Arkansas Tobacco Products Tax Act," A.C.A. §26-57-201 et seq., and A.C.A. §5-27-227, controlling the provision of minors with tobacco, vapor and alternative nicotine products, cigarettes and e-liquids as well as the placement of tobacco and vapor vending machines, all rules promulgated pursuant thereto, and all lawful orders of the Arkansas Tobacco Control Board. Applicant understands and agrees that any intentional false or misleading information, of any nature, or relative to any item, will be sufficient grounds for denial or subsequent revocation of the Permit for which he is applying.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Signature & Title of Officer Administering Oath

My Commission Expires: _____

